Vol. 7. No. 5. November, 1900.

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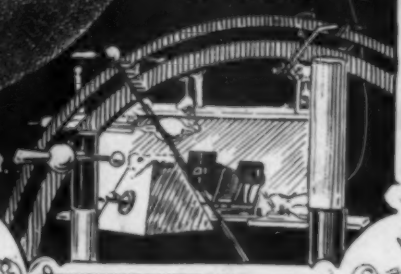
THE AMERICAN X-RAY JOURNAL

A MONTHLY DEVOTED TO THE PRACTICAL APPLICATION OF THE NEW SCIENCE AND TO THE PHYSICAL IMPROVEMENT OF MAN.



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THE AMERICAN

X-RAY JOURNAL.

Devoted to Practical X-Ray Work and Allied Arts and Sciences.

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J. M. G. BEARD, M. D.,
(Inventor X Ray Machine), Fruita, Colo.

The American X-Ray Journal.

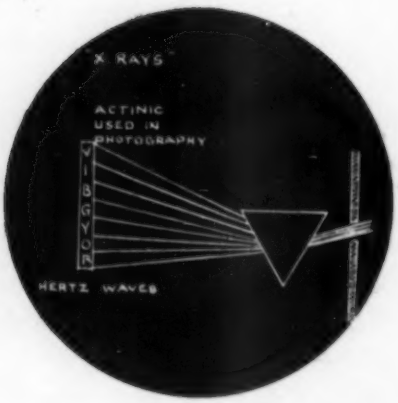
Devoted to Practical X-Ray Work and Allied Arts and Sciences.

VOL. 7. *ST. LOUIS, NOVEMBER, 1900.* *NO. 5.*

The coming meeting of the Roentgen Society of the United States calls for the hearty co-operation of all makers of every kind of x-ray apparatus and all experienced users of same. Every form of current generator, every tube, every interrupting device, every localizer, every aid to posturing the patient, every mechanism for perfecting any x-ray picture or fluoroscopic examination, must be demonstrated at this meeting. There is much to do to standardize x-ray work at the point of highest efficiency, and this meeting can do more to spread knowledge than a year of unorganized effort.

The ordinary x-ray picture now has little standing in a court of law because it has no standard of accuracy, yet accurate pictures are made by many experts. At this meeting a committee will be appointed to consider and report official standards for giving x-ray pictures the accuracy required for legal evidence. It can be done. Some surgeons still say "X-rays be d——d!" but let them attend this meeting and brush up on apparatus and progressive methods and go home prepared to use x-rays to their advantage. Let every inventive manufacturer be present with his best ideas. Let every great hospital send its x-ray operator. Let surgeons and special practitioners come from everywhere and report their work. The crystalization of funded knowledge thus gathered will correct your errors, bury the obsolete, advance the fittest, and teach all workers the standards of the leaders in investigation.

Individual ideas and devices will be presented at this meeting that the majority do not know exist. No one in this field of work can afford to miss it. At the last minute there will be a rush for space or place on the programme and it will be too late. Do it in advance. Don't wait. In order to secure room adapted to the attendance and to install electrical facilities, it is necessary for those who propose to show apparatus to state in advance what facilities they will need. Every expert who has technique, ideas, or original device to present must speak for place on the programme before it goes to press. Every member of the society who expects to be present should also notify the committee on which depends the proper arrangement of all facilities. Do not delay. Send in your names at once. Tell others about it. There are surprises in store. Important new things are being reserved for this meeting and will be shown then for the first time. Members who want to present special features and cannot attend are invited to mail their papers to the secretary who will represent absent contributors. The chairman of arrangement committee is Dr. S. H. Monell, No. 47 West 27th Street, New York City, and all who have not notified him of their requirements for exhibiting space and electrical facilities should do so at once. For place on the programme, address the secretary of the society.



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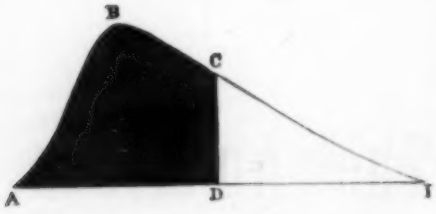

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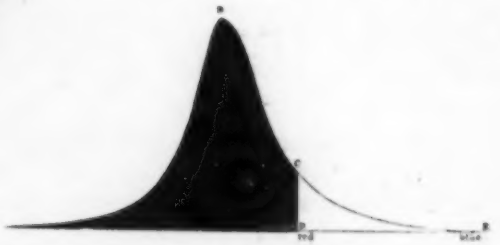

Fig 3.

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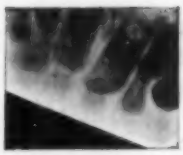
Fig. 4.



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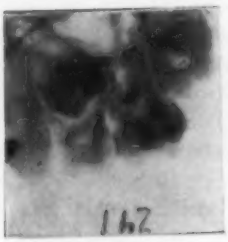

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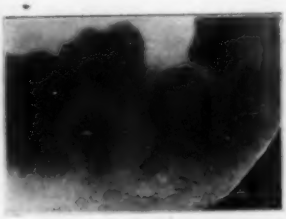
Fig. 8.



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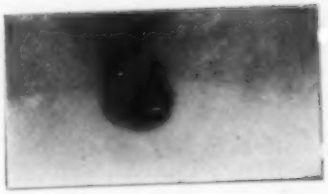

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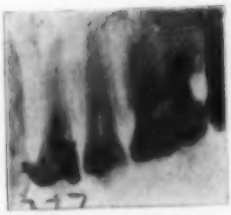


Fig. 12.

Fig. 13.

Fig. 16.

Fig 14.

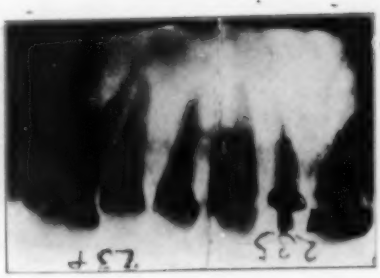


Fig. 15.

Fig. 17.

Fig. 18.

Fig. 19.

Fig. 20.

Fig. 21.

THE ROENTGEN RAYS WITH ASSOCIATED PHENOMENA AND THEIR APPLICATION IN DENTISTRY.

By Weston A. Price, D. D. S., M. E.

(Continued from page 775.)

Fig. 5 shows the condition of the superior arch of a boy at 10 years of age. Two generations preceding on his mother's side, had been lacking the superior laterals. The case was presented to have steps taken to prevent the shedding of his deciduous laterals. You can scarcely imagine the joy of that mother, who herself suffers considerable disfigurement from this cause when she saw the radiograph showing the development of these teeth that had been the object of her cherished but abandoned hope.

Fig. 22.

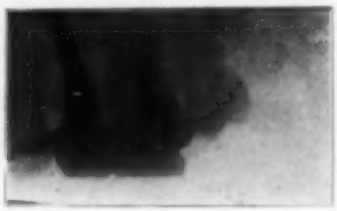


Fig. 23

Fig. 24.

Fig. 25

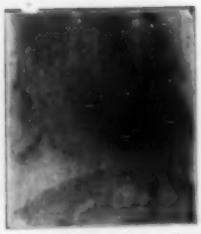


Fig. 26.

The next (Fig. 6) illustrates the condition in a case of delayed dentition of the bicuspids. The cuspid has been erupted for some time and the first deciduous molar shed by this eruption. This superior arch is exceeding retracted. The radiograph shows that but one bicuspid has formed and it is thrown out of its course by about twenty degrees. It is absorbing the anterior buccal root of the first permanent molar. A course of treatment is quickly suggested.

In the next (Fig. 7) is a typical example of the appearance of cases where a permanent tooth fails to form and the deciduous is retained. In this case an inferior deciduous molar. A lady of about thirty years of ago discovered that she still had a baby tooth and felt so ashamed of herself that she hurried to the office to have it extracted. The radiograph settles all hope of it ever having a successor.

I will now show you a wonderful picture demonstrating the very early calcification of the enamel of the permanent teeth. (Fig. 8). It is taken of the superior arch of a baby boy of fourteen months, who has no deciduous teeth erupted yet in this arch. The radiograph shows not only the development of all the deciduous teeth, but also the commencement of calcification of the permanent centrals. But this is not all While his father is lacking his permanent laterals we can see clearly in the negative,

which was a ten second exposure, even at this young age the crypts forming for his permanent laterals. I know of the joy of that boy's father at this information, for he is my boy.

An example of lost teeth is shown in next, (Fig. 9), which indicates the whereabouts of the missing bicuspids. There are very many cases of this class.

The next (Fig. 10) shows a lady's superior arch at about thirty years of age. When this picture was taken she was still waiting for her permanent teeth to erupt, but she need not wait longer for this lone second molar is all she is to have on that side. Five teeth are lacking on that side and three on the other.

In no class of cases is this means of diagnosis of more frequent service than for exploring the various deep pathological conditions. For example, the extent and location of abscesses, the direction and path of the fistula, and of very great importance, the most dependent point of the abscess. This picture (Fig. 11) shows the appearance of a blind abscess at the apex of an inferior incisor. It shows which tooth is affected and that no teeth in this vicinity have root fillings to suspect as imperfect.

In the next (Fig. 12) we have some information regarding a case of neuralgia of uncertain cause of years standing undoubtedly caused, as proven later, by the blind abscess at the apex of the first superior bicuspid. The abscess was evidently caused by imperfect root-filling, which is clearly shown to only extend half way to the apex. On opening up the canal I found putrescence in the apical half of the canal, This negative shows beautifully the cellular structure of the bone.

The next picture (Fig. 13) shows the same root filled to the apex. The blind abscess was drained through the buccal wall of the process.

These abscesses vary greatly in extent and their extent is clearly shown in good radiographs, as for example in this picture (Fig. 14) which shows a blind abscess of considerable dimensions, and of years standing, during most of which time it has been almost continually under treatment, so the patient informed me, through the root-canal of the lateral where it had its inception The lateral is the tooth nearest the figure 3. These numbers, you remember, are produced by placing metal figures, made of fine lead wire stuck on gum labels, upon the outside of the negative cover, when the exposure is made, and are invaluable for keeping records correct, and for identifying negatives. This picture shows beautifully the most dependent part of the abscess, which I have marked X, and the folly of trying to drain it through the root-canal. On establishing free drainage at X, by drilling through the process, and thoroughly sterilizing and cauterizing the pocket, a permanent and perfect cure was effected in a very few days.

In this next picture (Fig. 15) we have an exceedingly large abscess, and also one of long standing. It had a fistula beside the second bicuspid. The dentist sending the case for radiographing had labored faithfully, but with unsatisfactory results, to cure it. A crown on the lateral had been destroyed to examine the root-filling beyond it and the second bicuspid had been extracted and replanted in search of exostosis. The radiographs taken in sections, show the root of the lateral to be largely absorbed and a series of pockets difficult to drain between the roots of the various teeth. It also shows the abscess to extend beyond the anterior buccal root of the firs molar.

The picture now before us (Fig. 16) shows a remarkable change of bone structure taking place around a superior central incisor, one that had, a couple of years previous, received a hard blow, since which time it has been constantly elongating, though it is very solid in its attachments. The negative shows clearly the old base for the apex from which it has ad-

vanced, about three-sixteenths of an inch. It is an interesting study in pathology. The bone, though forming an unusually firm attachment, is evidently less dense than normal, and slightly honey-combed in structure. The peridental membrane is almost obliterated.

In the next picture (Fig. 17 we have another blind abscess with its evident cause, viz.: Imperfect root filling. The case was of thirteen years standing and had received extended treatments. I amputated the tip of the root, without extraction, at the point where the root-filling ended as shown by the radiograph (Fig. 17) and with splendid results. The next picture shows the same tooth after the root amputation (Fig. 18).

In the next picture (Fig. 19) we see how beautifully the bone has adhered around the stub of one of these amputated roots. This amputation was made in January, 1896. The patient claims it to be the strongest, solidest tooth she ever had.

In the next (Fig. 20) we see a broken broach protruding through the apex far into the tissue.

In this picture (Fig. 21) we see much of interest. The radiograph was taken to locate a piece of a cambric needle which the patient had broken in the root while trying to relieve an abscess. In was tnought to have been forced through into the tissue as the apex was found open. It is easily seen lodged in the root which was evidently bifurcated. This picture also shows beautifully the relation in this case of the teeth to the antrum. You will observe that the roots of the second molar pentrate nearly half way up through that cavity.

The value of Roentgen rays in Orthodontia is almost beyond calculation for it enables us to see just how our force is being expended. Probably the greatest factor in that work is to move the roots as well as the crowns. In this picture (Fig. 22) we see an attempt to draw two teeth together when alas only their crowns have been tipped toward each other.

This next picture (Fig. 23) shows the commencement of a case where separation the width of a tooth (one having been recklessly extracted) is required. And in the next picture (Fig. 24) we see how well this has been accomplished. Unfortunately, time only permits of one example of each of a few classes of case out of a great many.

The next (Fig. 25) shows beautifully the fit of these crowns and the depth of a pyorrhea pocket, supposed, marked X. The radiograph shows a perforation in the wall of the root of the first bicuspid through which cement has been forced into the tissue producing the suppuration and absorption, supposed to be a pyorrhea pocket.

In this next picture (Fig. 26) which is the last, we have an example of the service of the Roentgen rays in determining the location of third molars. This one is not erupted at all and lies at just right angles to its proper position as shown by the second molar. It would certainly be a difficult one to extract if you did not know its position.

CLEVELAND, O.

*Talk before the Ohio State Dental Society, Dec. 1899.

Figures 1, 2, 3, 4 and 5, in the article of Dr. Price of this issue are fully described in the September issue of the AMERICAN X-RAY JOURNAL.

Application Blank.

ROENTGEN SOCIETY OF THE UNITED STATES. APPLICATION FOR MEMBERSHIP.

I hereby make application for membership in the Roentgen Society of the United States.

Signed .....

Full name.

P. O. Address.....

$5.00 must accompany each application. There is no initiation fee. The official organ, "THE AMERICAN X-RAY JOURNAL," free.

DR. J. RUDIS-JICINSKY.

CEDAR RAPIDS, IOWA.

STEREOSKIAGRAPHY.

Dr. G. P. Girdwood, of Montreal, in a recent letter to the editor of the American X-Ray Journal, says: "I am taking all my skiagraphs stereoscopically, and find that I can locate objects, especially needles, very much better than by any kind of wire gauze, large or small with intersecting angle and lines which are all additions to the work in hand and more or less complicates the surgery.

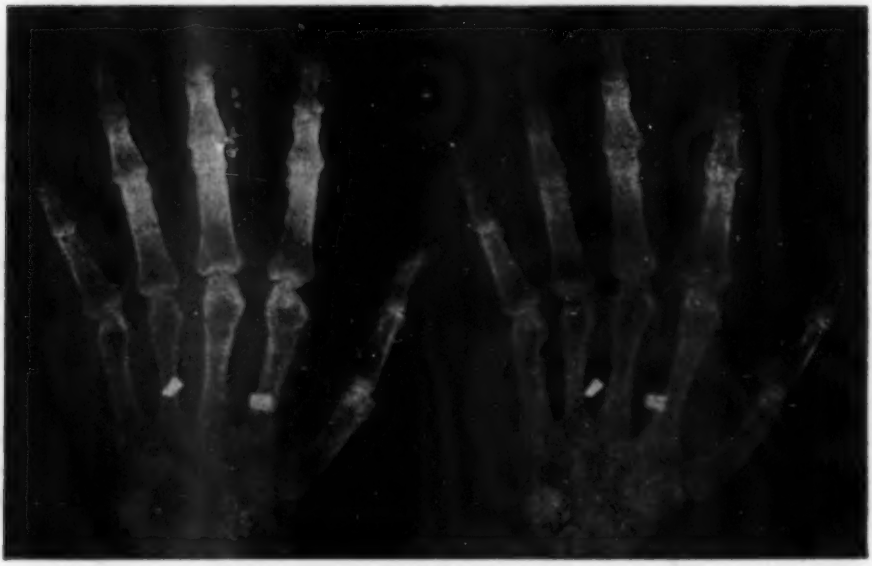
Dr. Girdwood was Assistant Surgeon Grenadier Guard. He is consulting surgeon to the Montreal General Hospital; professor of chemistry, Medical Faculty, McGill College; member of the Roentgen Society of the United States, &c., &c. We take pleasure in quoting some of his remarks from the Montreal Medical Journal.

The Doctor has suggested and put to practical use the "taking of two pictures of the part the tube being moved to a distance of 2½ inches to the right or left of the original position between the taking of the two pictures, the part skiagraphed remaining in the same place. If the platinum plate in the Crooke's tube was so placed in each case that a normal from the surface thereof would strike the same spot, then the two skiagraphs would present exactly the same differences as the pictures presented to each eye would have, and the skiagraphs so taken would give the true stereoscopic effect of seeing every part of the picture in its proper relative position to surrounding objects.

This idea was carried out, and the results were exhibited in Toronto at the meeting of the Society of Railway Surgeons, last June, and in March last, to my friend, Dr. Francis Williams, in Boston, who has done so much for Skiagraphy on this continent.

In carrying out this idea, and preparing the pictures now shown, which were the first, a piece of lead was fastened with a little gum paper on the back of the left hand over the metacarpal bone of the index finger. A second piece was placed, and fastened also with gummed paper in the palm of the same hand opposite to the metacarpal bone of the ring finger, and the hand placed palm down on a plate wrapped in yellow paper, in the usual way. The plate was put into the bottom of a cardboard box without a lid and with a slit cut in one side large enough to admit the wrist, a line of pencil marked on the wrist, so as to put the hand back in the same position, and a pencil outline of the hand made on the yellow paper round the fingers. Then a plumb bob was suspended over the centre of the hand, and the Crooke's tube arranged so that the centre of the platinum plate should be 1¼ inches to the right of the pendulum string, and 12 inches from the plate, and the tube was rotated in the clip until a normal from the platinum distributer should strike the same point as the point of the pendulum bob. With the pendulum moved out of the way and one picture taken, another plate was placed in the same yellow paper, the pendulum bob replaced, and the tube so arranged that the centre of the platinum plate was 1¼ inches to the left of plumb bob line, and so inclined that the normal thereto would strike the same spot as before, and a second picture taken. The pictures developed in the usual way, gave two full size, indeed, slightly magnified skiagraphs of my left hand, and, when cut in pieces small enough to mount as stereoscopic pictures, at once gave the true stereoscopic effect.

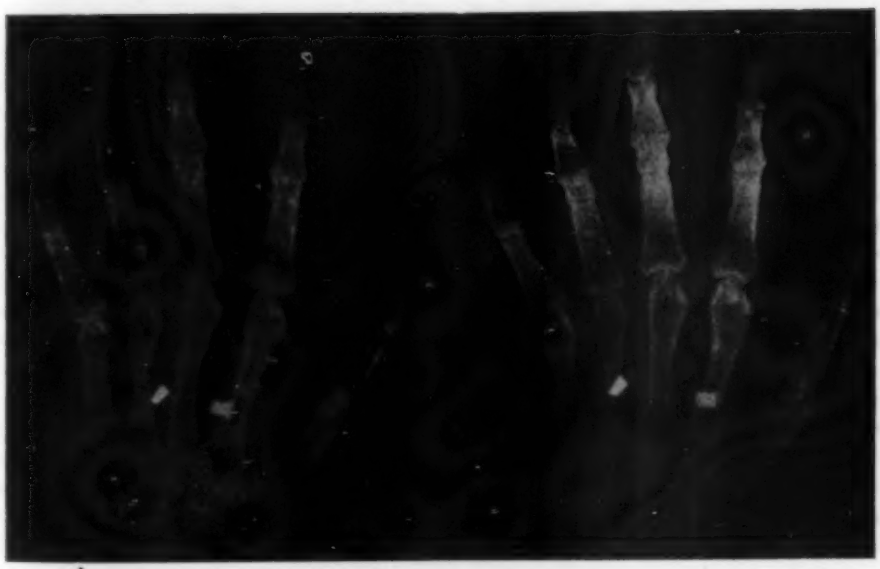
The skiagraph when taken has to be copied by camera, using the original skiagraph as a transparency, and putting the film side towards the camera, the pictures reduced to 2½, to 2¾ inches wide. These pictures are reversed from the originals as well as reduced, and these reversed pictures when printed give prints with white bones, white pieces of metal, on a black background. On mounting these with the right eye-picture to the right eye, and the left to the left eye, and viewing in



No. 1.—Left Hand Palm Down.

No. 2.—Left Hand Palm Up.

No. 3.—Right Hand Palm Down.



No. 4.—Right Hand Palm Up.

a stereoscope all objects stand out in perfect relief.

But, if the photographer use the original negative as a transparency to produce his diminished picture with the film side away from the camera he will produce diminished prints with white bones and white pieces of metal, but the hand will be reversed also, and instead of having left hand palm down you will now have right hand palm down, and, having obtained these two sets of prints showing the two hands palm down, if you reverse the prints in mounting, you will have the right and left hands with the palm up instead of down.

All four of these photo stereo skiagraphs have been reproduced by the process of what is called half tone, and been printed in the ordinary printing press, of which copies are here produced.

In the British Medical Journal of Dec. 3, 1898, an excellent account of the process for producing Stereoscopic Skiagraphs is given by Dr. Mackenzie Davidson. His process differs from that now recommended only in not making the normals of the platinum distributor in the Crooke's tube in the two positions converge. His are taken as though seen with two eyes, whose axes are parallel instead of converging on a point 12 inches distant, representing the appearance presented to each eye, when the axis of vision is convergent. The question of convergence or non-convergence of the lens in taking ordinary stereoscopic photographs was worked out in the early days of photography, some forty or fifty years ago, when Latimer Clark's camera for taking stereoscopic pictures was introduced, and the rotundity of the convergent lenses is an improvement. It is sometimes an advantage to mount the pictures to the wrong eyes, reversing thereby the side of view, as by so doing it is possible to obtain the effect of seeing the object stereoscopically from both palmar and dorsal aspect.

The four stereoskiagraphs now shown will, when viewed in the stereoscope, show left hand palm down, right hand palm down, left hand palm up, and right hand palm up. All are produced from one original pair of stereoskiagraphs taken, reduced, printed, and mounted in the manner described.

In these four pictures there is a piece of lead opposite the metacarpal bone of index finger, on the dorsum of hand, and another opposite metacarpal bone of ring finger, on the palm. In these pictures these pieces of lead appear at the same depth as regards the hands, and in all four, nearly in the same places, but appear to vary in position as regards the bones. This variation is due to the changed position and convergence of the tube in the two positions.

The first pair, representing left hand palm down, were the first pair. These reversed produced right hand, palm down, and the reversal of the pictures in mounting from left eye to right, and vice versa, give the effects of turning the hands over, and viewing from the opposite side.

This whole town, as well as Boston, was ransacked to obtain a portable stereoscope but without effect, and as a s ereoscope is now almost a thing of the past, seldom seen in any house, it became necessary to make a portable one. The necessity culminated in the home-made stereoscope produced which is simply a pair of half lenses mounted with their thin edges to the bridge of the nose between two pieces of cardboard, with a thin septum of blackened cardboard suspended from the middle to cut off vision from either eye beyond median line.

It is quite possible for any one with practice to see these stereoscopic pictures without a stereoscope. By converging the eyes on infinity, there is a point where these pictures will be visible, one in the middle of the other two, this one is stereoscopic, and formed by the overlapping of the other two, and in this middle one the appearance of perfect solidity is seen."

The pictures must be reduced to the stereoscopic size and in doing this the

doctor cautions against errors by the photographer. He must do exactly as told as it will be quite possible to have hands of opposite sides put together or to have the hands reversed altogether.

ROENTGEN SOCIETY OF THE UNITED STATES.

BY LAWS.

ARTICLE I.

The order of business at the annual meeting of this society at all times will be subject to the vote of two-thirds of the members present, and until permanently changed, except when for a time suspended, shall be as follows, viz.:

1. Calling the meeting to order by the president, or, in his absence, by one of the vice-presidents.

2. The Committee of Arrangements reports on the credentials of members after they have registered their names and address, and the name of the society or institution, or if in attendance as permanent members.

3. The annual address of the president.

4. Reading the minutes of last meeting.

5. Reading notes from absentees.

6. Resolutions introducing new business or instructions to standing committees.

7. The appointment of a committee to nominate officers and organize the standing committees and select the place for the next meeting.

8. Reception of the reports of special committees and voluntary communications.

9. Report of the Secretary.

10. Report of the Treasurer and Standing Committees.

11. Report of Nominating Committee, election of officers, and selection of delegates to other scientific societies.

12. Miscellaneous business.

13. Reading of the minutes and their correction.

14. Adjournment.

ARTICLE II.

The Committee of Arrangements shall verify the credentials of delegates, receive and examine all applications and letters of introduction presented by those wishing to become members by invitation; recommend the number and length of sessions, demonstrations, experimentations, etc., to be held daily, receive and announce all voluntary communications, and take general supervision of all the preliminary work for the completness of the annual exhibit, and of the arrangement of business coming before the meeting, report time to time as it may be necessary.

ARTICLE III.

Five members of this Society, including two officers, shall constitute a quorum, and may proceed to business.

ARTICLE IV.

Every member of this Society shall pay to the Treasurer the sum of five dollars annually before participating in the business of the meeting. There is no initiation fee. The official organ THE AMERICAN X-RAY JOURNAL, St. Louis, Mo., free.

ARTICLE V.

No money shall be drawn from the treasury except by a vote of the Society, save such money as shall be needed by Secretary to defray current expenses, subscription for the JOURNAL for each member, which amounts shall be approved by the President.

ARTICLE VI.

The Treasurer of this Society shall, before entering upon his duties give a good bond to the amount five hundred dollars.

ARTICLE VII.

There shall be appointed annually by the incoming president, for the next ensuing year, a Committee of Finance, consisting of three members whose duty it shall be to examine and audit the accounts of the Secretary and Treasurer, to pass upon all bills referred to them, to examine the books and accounts of any office, whenever they may think it necessary and to make their report for the past fiscal year immediately after the thirteenth order of business is disposed of.

ARTICLE VIII.

Members desiring to read a paper should forward its title to the Secretary at least one month before the meeting. Every paper received by this Society, and ordered to be published, and all plates and illustrations shall be considered the exclusive property of the Society, and will be published in the official organ of the same. No paper shall be read by title which is not actually in the hands of the officers of the Society.

ARTICLE IX.

Any violation of the Constitution or By-Laws shall constitute just grounds for impeachment.

ARTICLE X.

In case of charges being preferred against any member, they shall immediately be referred, without discussion, to the Committee on Conduct for investigation.

ARTICLE XI.

All committees shall be appointed by the presiding officer, unless otherwise ordered by the Society.

ARTICLE XII.

The meeting of this Society shall be conducted according to parliamentary rules, and the decisions of the President shall be respected, unless properly appealed from and reversed by the Society. A motion or resolution shall be reduced to writing if any member desires it.

ARTICLE XIII.

The Committee on Nominations shall report to the Society as candidates for president the two members who receive the highest number of votes at the meeting of the committee.

ARTICLE XIV.

Any of the forgoing articles of these By-laws may be amended or temporary suspended by a vote of three-fourths of the members present at any meeting.

It is suggested by Dr. Carl Beck of New York that the Roentgen Society of the United States standardize a different word than "radiagraph." Latin roots with Greek endings are not classical. Skiagraph is a full Greek word.

We will then very properly have:

Skiagram (ski' ag ram) skiagraph—the finished x-ray picture.

Skiagraphy (ski ag' ra fe) the art of making a skiagram.

Skiameter, an instrument for aiding in the recognition of fine differences in the density of x-ray shadows.

Skiametry, shadow measurement; applied to a method of determining the density of x-ray shadows.

Skiascope, (ski' as kop) the apparatus used in skiascopy.

Skiascopy, (ski as' ko pe) examination by either skiagraph or fluoroscope.

Opium Usurped.

From the Antikamnia Chemical Company, St. Louis, U. S. A., have been received two samples of its products—Antikamnia tablets, and tablets of this substance along with Codeina. Antikamnia, as its name implies, is an analgesic and anodyne. It has gained much favor in the United States both for this and for its antipyretic action. A coal-tar preparation from several of the "amido" derivatives, it has been proved not to depress the heart after the manner of other coal-tar derivatives. Each tablet of Antikamnia contains 5 grs. of the drug (the usual dose), which can be repeated every fifteen or twenty minues, until three or four doses have been taken. The compound tablet consists of 4.75 grs. of Antikamnia and 0.25 gr. of Codeina, and has been especially brought forward for the treatment of pain where spasm or physical causes of irritation exist, and which is more amenable than to the synthetic drug alone. Both the simple and compound tablets merit a trial in neuralgic and spasmodic ailments, and as their freedom from injurious action upon the heart and circulation is invariable, they will certainly continue to be received by the profession with favor.—*Edinburgh Medical Journal*, March 1900.